## Application Data Sheet

## Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: DEVICE FOR MOORING AN AIRCRAFT

Attorney Docket Number:: 0540-1018

Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2

Total Drawing Sheets: 2

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BERNARD

Middle Name::

Family Name:: RODIER

City of Residence:: SAINT ROGATIEN

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 15 RUE DU 19 MARS 1962

Address::

City of Mailing Address:: SAINT ROGATIEN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-17220

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BRUNO

Middle Name::

Family Name:: GUSSEAU

City of Residence:: LA GREVE SUR MIGNON

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 4 RUE DU MOULIN, CREPE

Address::

City of Mailing Address:: LA GREVE SUR MIGNON

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-17170			
Correspondence In	nformation		
Correspondence Customer		000466	
Number::			
Representative Information			
Representative Customer		000466	
Number::			
Domestic Priority Information			
Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
Foreign Priority Information			
Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	02 16070	12/17/02	Yes
Assignment Information			
Assignee Name::			
Street of Mailing Address::			
City of Mailing Address::			
State or Province of Mailing Address::			
Country of Mailing Address::			
Postal or Zip Code of Mailing Address::			